Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) e. COUNTY / a. STATE b. COUNTY MARYLAND b) CITY OR TOWN (If outside corporete limits, write RJR) A phylive neerest lown) c. CITY ON OWN (If ourside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO Stat 3. NAME OF Middle DATE Yeer DECEASED OF the (Type or print) DEATH 1962 Baby Girl Febr Andrews with COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 wit age 5 may 1 and 2 will 72 hours last birthdey) Months DIVORCED WIDOWED [xecuted within 24 hours after I in Item 18, Give Pages 1, 2, a ong with form PM3, Page 5 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BATHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page 1 done during most of working life, even if retired) pages 13. FATHER'S MAME THER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknym) | (If yes give wer or detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEE ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 min IMMEDIATE CAUSE (e) Asphyxiation Office DUE TO burial Anoxia Conditions, if any, which (6) gave rise to immediate cause DUE TO Membranes not removed from infant at birth (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? 20 NO T No attendant present at time of birth

20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item IB.) should PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 so burt 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stele) fectory, street, office bldg., etc.) Not While Hour e.m. el work at work TOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion PUNERAL DIRECT Undetermined manner death resulted from: Matural causes xx Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 2-19-62 DEPUTY DEPUTY MEDICAL EXAMINERXX EXAMINER'S Stress (SSnow, Hillaw Maryland Robert C. La M Bay 2263 NAME OF CEMETERY OR CREMATORY 22d AOCATION BURIAL CREMATION. (town, or country) (State) 40 24e. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. AISME 5M 7/59 DATE: 1 3 '62 Crimy S. Tirres

MARYLAND STATE DEPARTMENT OF HEALTH

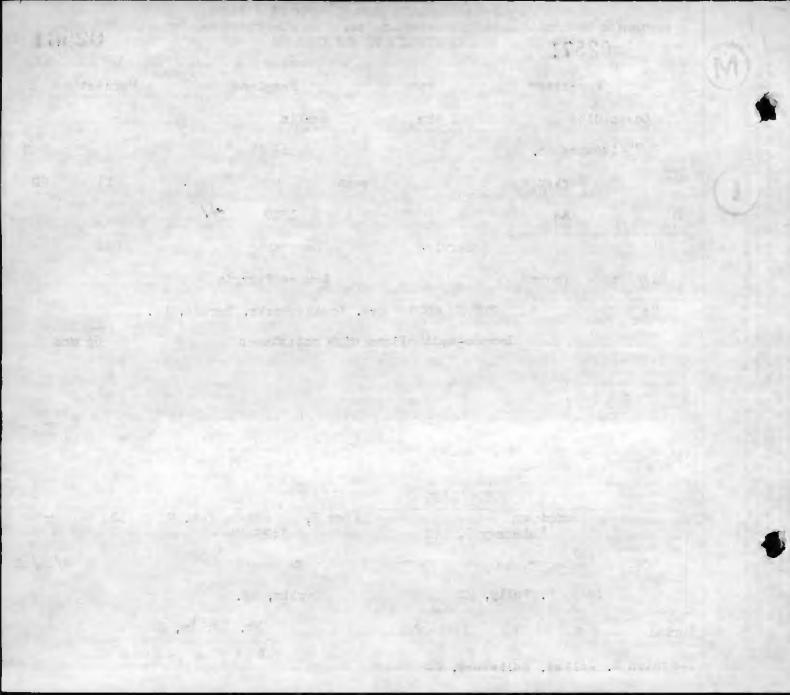
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02561 02571

1. PLACE OF DI	EATH		2. USUAL RESIDEN		ved, if institution . COUNTY	ı: Rəsidən	ce before e	dmission)			
	Worcester	MARYLAND	a. STATE Mar	vland	W	erce	ster				
b. CITY OR TO write RURA	WN (if outside corporete limits, L and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (li outside corporete lim	its, write RURAL	and give	neerest tow	rn)			
	an City	3 wks	X Berlin				10.00	edin miles			
d. NAME OF H	OSPITAL OR INSTITUTION (if not	in hospital, give streat address)	d. STREET ADDRESS					A FARM?			
207	Wicomico St.		Route	#3			YES 🗌	NO T			
3. NAME OF	First	Middle	Last	4. DATE	Month	Dey	Yea	r			
(Type or print)	0	¥/ ×	1 0 W W W W W W W	OF DEATH	5	77	19	00			
5. SEX	Gertrude		DATE OF BIRTH		n yeers IF UNDE	DIVEAD	IF UNDER	62			
D. 35A	S. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	DATE OF BIKIN	last_bir			Hours	Min.			
TH	AA WID	OWED DIVORCED	8 2 192	0 41	yrs.			1			
done during most	UPATION (Give kind of work of working life, even if retired)	Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	ity & Stete, or foreign o	country) 12. (CITIZEN C	F WHAT C	OUNTRY			
Maid		Service	Maryla	nd		USA					
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN	NAME				_			
Blank	cford Feeks		Lenige	Sturgis							
	ED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.			Address						
No.	n) (If yes give we cordetes of service		s. Louise Fo	oke Benli	n Ma						
The state of the s	OF DEATH Enter only one cause		s. Tourse to	OKS, Delli.	ils Meta	1 IN	TERVAL BET	TWEEN			
	DEATH WAS CALISED BY					10	ISET AND				
11/	IMMEDIATE CAUSE (e) Lympho-epithelioma with metastases 62 mos										
148	DUE TO										
Conditions, if	eny, which \ (b)										
geve rise to in	nmediate cause							-			
	he underlying DUE TO										
-	couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY										
PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PA	KI 1(0)	PERFC	ORMED?			
3							YES [NO [
OR CONTRIBU	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
2Dc. TIME OF	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)										
Hour Hour		THE PARTY OF THE P	lary, street, office bldg., etc	-1							
-	21. I certify that (I) THE KACKIEN attended the deceased from June 7,, 1961, to Feb. 9, 1962., that (I) (30) last										
saw the de	ceased alive onFabru	ary 9, 19.62 and that	death occured al7.4	25M, Allom the c	auses and or	the d	ale state	d above.			
22e. SIGNA	22e. SIGNATURE 22b. DATE										
the	Dry 4. Free	ly to		MED. STAF			2/	16/6			
22c. PHYSICI	AN'S		22d. ADDRESS				-				
NAME	Type Ivery U. Sul	lw. MT)	Berlin	MA							
23a BURIAL CRE	MATION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d, LOCATION (City, town or cos	inty)	(S	itata)			
REMOVAL (Sp	ecify)										
Burial	2 15 62		1	Nr. Berli		C CLON.	TIADE				
24 FUNERAL DIRE	CTOR'S SIGNATURE	ADDRESS		EB 2 1 '62							
Thornton	B. Jolley, Sal	i planer Md	DATE	FD T 1 0T	Within	1. 14	ALLAN .				
		ACTION CO.									

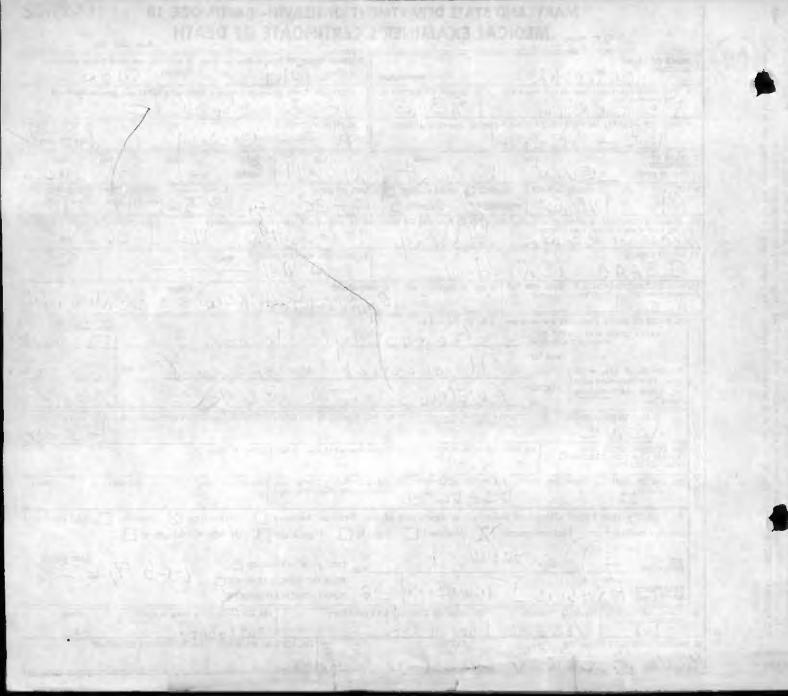
// a funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aller a death. Page 4 m. retained by the hospital or attending physician.

\$ \$ TO FUNERAL D. TOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 shaund be detached for use as the burial-transit permit. Then please remove carporn pagers. Pages 7 c 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.



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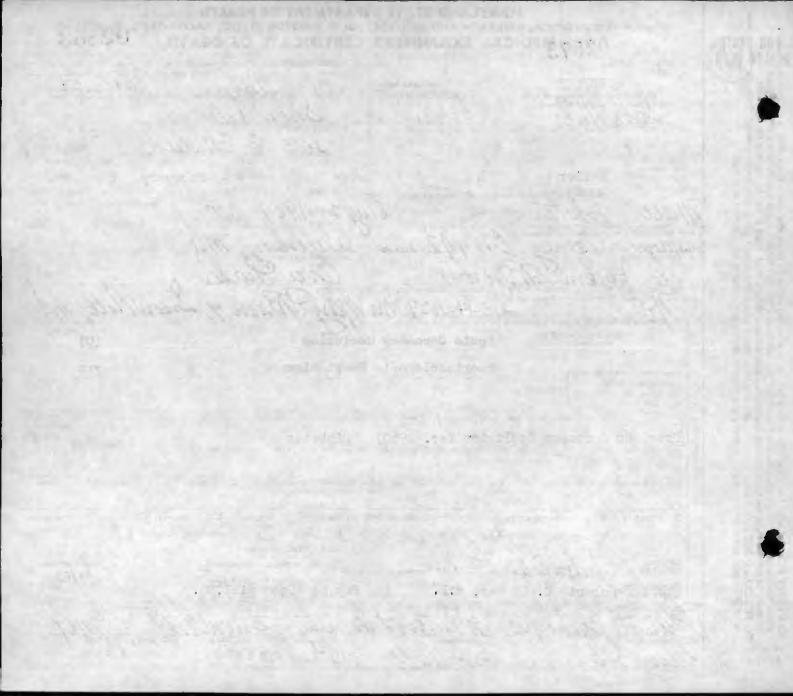
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 257 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decesed lived, If institution, Vesidence before admission) 1. PLACE OF DEATH e. COUNTY m. STATE b. COUNTY " WORGESTER MARYLAND b. CITY OR OWN (if outside comparate limits, write JURAL and give per power) c. CITY OR JOWN III outside coporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? retained he State B YES T NO T 3. NAME OF First Middle 4. DATE Year DECEASED Marion Brown 1962 {Type or print} DEATH February with 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8-DATE OF BIRTH IF UNDER 24 HRS age 5 may 1 and 2 wii 72 hours lest birthday) Months DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 18. Give Pages 1, form PM3. Pag File pages 1 15. WAS DEPEASED EVER IN U.S. ARMED FORCES?
(Yes, no. osyunkown) [lifyes give war or detes of service) 16. SOCIAL SECURITY NO. 17. INFORMAN CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 0 Acute Coronary Occlusion IMMEDIATE CAUSE (e) Office **DUE TO** burial Arteriosclerotic Heart Disease yrs Conditions, if any, which geve rise to immediate ceuse DUE TO (a), stating the underlying cause lest, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? cremati Previous Coronary Occlusion (Dec. 1960) NO XX Diabetes 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing by Chief A 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) factory, street, office bldg., atc.] Not While Hour e.m. at work el work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection JOX Inquiry XX and in my opinion ō should be forwarded to FUNERAL DIRECTO death resulted from: Natural causes XX. Accident Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY 104 Bay St Snow Hill Md. NAME (Type) Robert C. La Mar. M.D. 22d, LOCATION (City Wwn, or country) BUR AL, CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CHEMATORY (State) 40 9 48. REC'D BY REGISTRAR I VS. A15ME DATE FER 1 3 '62

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Page 4 marks retained by the hospital or attending physician.

S TO FUNERAL DIVIDED OR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be datashed for usa as the burial-transit permit. Them please remove sarbon pagers. Pages 3 should be given by the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours allocated. **DIVISION OF STATIST**

MAI	RYLAND STATE D	EPARTMENT	OF HEALTH	
02574	CERTIFICA	S, 301 W. PRESTO	ON STREET, BA	ALTIMORE 1, MARYLAND 02564

	4.	PLACE OF DEATH				2. USUAL RESIDENCE	CE (Where dece	b. COUNTY	ution: Resider	ice batore edmission)
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1		Snow Hil	1			X Snow	Hill			
				t in hospital, give street addre	ess)	d. STREET ADDRESS				o. IS RESIDENCE ON A FARM?
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1	3.	201b Peti	Ltt St.	Middle		SOIP Le.	4. DATE	Month	Dev	YES NO
		DECEASED	11701	imagio		In Cli 201	OF	***************************************		140.
		(Type or print)	eter	J.	C	ollins	DEATH	ebuary	I4_	19 62_
	5.	SEX 6. C	OLOR OR RACE 7.	MARRIED NEVER MARRIE	D B.	DATE OF BIRTH		AGE (In years IF U		IF UNDER 24 HRS.
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		Labor				Virgi	nia		U.S.	A
	13.	FATHER'S NAME				4. MOTHER'S MAIDEN				
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1		s, no, or unkown) (Ifyesgi			P3	I I	1	Address	1111	1
		No			NOX	il ashl	0120	18 Peli	IT D	+1
- [18. CAUSE OF DEATH	Enter only one cou	se per line for (e), (b), and (c).]	^				TERVAL BETWEEN
		PART I. DEATH WA		6	10:00	Pulmi	-111	80	01	NSET AND DEATH
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		700	DUE TO		1.	c a v	0	4-		2 11-01
		Conditions, if any, wh		//	1400	cardia	Int	rection		I week
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		(a), stating the underly couse lest.	ing		4	-CHD				Fears
	7		(c)_	NS CONTRIBUTING TO DEAT	H BIST NOT	BELATED TO THE TERMIN	VAL DISEASE CO	NDITION GIVEN II	N DART 1(a)	10 WAS AUTODSY
ч	é	PAKI II. OTHER SIGN	INCANI CONDITIO	NS CONTRIBUTING TO DEAT	H BUI NOI	KELMIED TO THE TERMIN	NAL DISEASE CC	MDITION GIVEN I	HEWRI III	PERFORMED?
	3									YES NO
	CERTIFICATION	20e, ACCIDENT WAS UP	DERLYING 20	b. DESCRIBE HOW INJURY	OCCURED.	Enter neture of injury in	Pert I or Pert II of	item 18.)		
	CER	OR CONTRIBUTING [] CA	CAL EXAMINER)							
		20c. TIME OF INJURY	Month, Day, Year	2Dd. INJURY OCCURRED	2Da DIAC	E OF INJURY (Home, ferm	n, ' 2Df. (City o	inuni	(County)	(Stata)
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		21 I coefffy that ((this hospital)	attended the deceased	d from	(FB /	1962-10	Feb 14	1962	that (I) (we) last
			Loss Dix Ax	111						
			live on L.T.L.T.	ary 1962 a	nd that d	leath occured at	EDM, from 1	he causes and	on the d	
		22e. SIGNATURE	Do	IND D.LV		ATTENDING /	MED.	STAFF		22b. DATE SIGNED
			Da	NIA MAGNI	M.D	D. 11/2 -	OFRECTOR	PHYS.		
		22c. PHYSICIAN'S				22d. ADDRESS				
		NAME (Type)	D	AVID RAFAT	1	8	now 1	4,11	mi	7
		ALIENAL CREMATIONS		18	LHETERY OF	Chemazony	LOCAT	ION (City, fown of		(Cinia)
	23a	REMOVAL (Specify)	ZJD. DATE THEREO!			CREMATORT	230. LUCAT	CITY, TOWN O	(county)	(Stata)
]	Burier	2/ 18/1	Mt.Zic	on Ba	ptis	Snor	Hill		
	-	FUNERAL DIRECTOR'S SIG	SNATURE TO I	962 ADDRESS	1.	25a. REC	D BY REGISTRA	R 25b. REGISTI	RAR'S SIGNA	TURE
1:	11	11 + I	Vota 11.		· ~ 4	MAN DATE	FEB 1 9	'62	arthur &	House
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CONTRACTOR AND STATE OF THE STA

Division of STATISTICAL RESEARCH BALTIMORE 1, MARYLAND **EXAMINER'S** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion) a. COUNTY b. COUNTY MARYLAND corporate limits, write RURAL and d c. LENGTH OF STAY IN 15 dire issue be executed within 24 hours aller death. If any delay "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained to burial-transit permit. File pages 1 and 2 with the State Bo moval, and in any event within 72 hours after death. ON A FARM? YES NO 3. NAME OF DATE DECEMSED OF (Type or part) DEATH AGE (In years , IF UNDER 1 YEAR) 5. SEXA IF UNDER 7. MARRIED NEVER MARRIED asimbrihday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION GIVE Ind of work 10b. KIND OF BUSINESS OR INDUSTRY CITIZEN OF WHAT done during most of working life, even if retired) 0 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wes, no, or unkown) (Wyesgive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per and for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, (b) "pending" geve risa lo immediata cause m DUE TO (a), stating the underlying Examiner 50 cause fast. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? tate, writing the word Medical should 200 EXTENNAL CAUSE WAS 205. DESCRIBE HOW NAURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING e 3 sho burial, Chief 3 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or fown) Month, Day, Year (Stata) to the Cm factory, street, office bldg., stc.) While Not While al work al work DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy. Inspection 1 Inquiry and in my opinion death resulted from. Natural causes Accident Suicide Homicide > Undetermined manner CHIEF MEDICAL EXAMINER **FOLWBI** DEPUTY MED designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE M.D. EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) 22d. LOCATION (City, lown, or country) 22a, BURIAL, CREMATION I 225. NAME OF CEMETERY OR CREMATORY 22c. (State) REMOVAL (Specify) 40 % O L 6 545 10 6 <u>a</u> Upjac FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I REGISTRAR VS. A15ME 5M 7/59



ESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RES 02576CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I vad, firstitution; Residence before edmission) a. COUNTY b. COUNTY . STATE c. CITY OR OWN (I outside corporata limits, write RURAL and give nearest lown) b. CITY OR TOWN if outside corporate limits c. LENGTH OF STAY IN 16 write RJRA and give naerest town). a. IS RESIDENCE ON A FARM? YES NO T N 5 3. NAME OF DECEASED OF [Typa or print] DEATH 19 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED 1Ds. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY physician 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) dona during most of working life, even if ratirad) SB 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ease aftending BB ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (If yes giva war or datas of sarvica) the 18. CAUSE OF DEATH (Enter only one cause par line for (e), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,81-19, WAS AUTOPSY hospital PERFORMED? NO F prior 2Da. ACCIDENT WAS UNDERLYING LA OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED. Enter neture of injury in Pert I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) Affer 20d. INJURY OCCURRED 20e. P.ACE OF NJURY (Homa, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, office bldg., alc.) Whila Not While at work at work CIOR , and that death occured at 2. H.M., from the causes and on the date stated above. saw the deceased alive on... DATE ATTENDING SIGNED with the DIRECTOR PHYS. PHYS. O HOSPITAL
death. Page 4 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) Street Bay director, I (Stata) OF CEMETERY OR CKEMATORY REMOVAL (Spacify) TO 25a. REC'D BY REGISTRAR VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 025771. PLACE OP DESTH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) a. STATE b. COUNTY MARYLAND R TOWN (if outside corporale limits, At outside conforcte I mils, write RURAL and give negrest town) a. IS RES DENCE ON A FARM? YES NO 3. NAME OF Year DECEASED (Type or print) DEATH 196 AGE (In years , IF UNDER 1 YEAR MARRIED NEVER MARRISO WIDOWED [physician 106. K ND OF BUSINESS OF NOUS 12. CIT ZEN OF WHAT COUNTRY? ioa, USJA. Of LUPATION G ve kind of work done during lost of working life, even if retired) 13. FATHER'S NAME ding 큡 (Yas, no, of Lnkown) | (Ifyes giva war of dates of service, INTERVAL BETWEEN Entar only one cause per line for (a), (b), and (c). <u>6</u>. ONSET AND DEATH Throm bosis IMMEDIATE CAUSE (e) DUE TO arteresselerosis-Conditions, .f any, which gave rise to immediate cause DUE TO (e), sleling the underlying causa last. PART I. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING : 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 20a. PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) (Stata) factory, streat, offica bldg., alc.) Not While Hour e.m. at work at work 3 19.67 to 176 3 1962 that (1) (we) last 21. I certify that (!) (this hospital) attended the deceased from ... 22b, DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. leath. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME [Type] RAFAT director, l NAME OF CEMETERY OF CREMATORY BURIAL, CREMATION, L 236, (Stele) O.F PUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 1 9/60 Orthur & Krous DATE

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARTI CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Whate daceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY WARCOST WOC CESTER b. CITY OR TOWN (if outside corporele limits. C. LENGTH OF STAY N 1h c. CITY OR TOWN If outside corporate limits, write RURAL and give neares, lown! write RURAL and give nearest (ewn) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF Middle Lust . 4. DATE Month DECEASED (Type or print) DEATH TRTRUDG 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In yaers | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Deys WIDOWED [10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! done during most of working life, avan if ratired) HOUSEWIFE phy 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOC, AL SECURITY NO 17, INFORMANT (Yas, nogor Linkown), (If yas give war or datas of sarvice) INTERVAL ETWEEN 18. CAUSE OF DEATH linter only one cause per line for (a), (b., and (c), (ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) (b) geva risa to immadiate ceusa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO 1 20a ACC DENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert or Part I. of item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form 20f. (City or town) 20c. TIME OF INJURY (County) (Stata) factory streat, office bldg., etc.) Whila Not While at work at work D. III. 21. I certify that (I) (this hospital) attended the deceased from. 5 31 1962 that (1) (we) last and that death occured above. If om the causes and on the date stated above. saw the deceased alive on 22a S GNATOR ATTENDING PHYS. D.RECTOR PHYS. death, Page O FUNERAI 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 5M 0 FUNERAL DIRECTOR'S SIGNATUR



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02569

1 PLACE OF DEATH COUNTY NORCESTER MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b COUNTY D 2 (5575)
b CITY OR TOWN (If autside carporate limits, write RURAL and groeneagest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	RED AVEGS CREDIX YES NO DX
3. NAME OF DECEASED (Type or print) First Middle	MEADE DEATH FEB, 9 1962
WIDOWED DIVORCED	B. DATE OF BIRTH Nov. 3, 1891 9. AGE (In years lost birthday) Nov. 3, 1891 9. AGE (In years lost birthday) Nov. 3 of the property of the
10a. JSUAL OCCUPATION (Give kind of work done of the low control of Business or INDUS during most of working life, even if relired) OWN BUSINES	SS POUND VA U.SA
SOLOMON MEADE	Cove H
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of valvown) (II yes, give wor or dores of service)	1RS. M. V. MEADE BERLIN MI
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last PART I. DEATH WAS CAUSED BY: DUE TO (b) Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last (c)	yocarchil imparation 2 hrs., artery disease.
CCATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part , or Part II of item 18)
	ACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (Srate) ctary, street, affice bldg., etc.)
21 I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an	2/9 1962 to 2 /9 1962 that (1) (we) last death accurred at 6 27M, from the causes and an the date stated above 22b DATE
and the second	M D PHYS MED DIRECTOR PHYS 2-150-62
Frank E. Gantz Jr. M.D.	5 Bay Street Borlin, Maryland
23d BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF SEMOVAL (Specify) 2 11 62 SUNISET	MOMERIAL BERLIN MID
21 EUNERAL DIRECTOR'S SIGNATURE BELLEN	DATE FEE 1 3 '62 CICLUM 8, Trans



FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0.2570

LALIN DEL		1. PLACE OF DEATH o. COUNTY TATE O. CYATE		nce before edmission)
age se.		MARYLAND OSTATE OF	b. COUNTY / 1)	R
S A		A CITY OR TOWN (if outside corporete limits, C. LENGTH OF STAY IN 16 CITY OR TOWN (if outside corporete fin	mits, write RURAL and give	neerest town)
ON	1/1	MURAL ENGLISH REPLIEN TYLERS RUNG RATE R3 5	ERIN	X
ip o di	4-7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	0	1 . IS RESIDENCE
B G G	IN	R3-germantown - BERIN R3 GERMANTOWN	Bee IN	YES NO NO
fun fun Stat Stat Stat		3. NAME OF First Middle Last 4. DATE	Month Day	Year
the the		(Type or print) HARVEU BURT Short DEATH F	20 15	1962
294	5.	5. SEX A 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE	(In years IF UNDER I YEAR	IF UNDER 24 HRS.
1			(Pyrs, Months Days	Hours Min.
25.5	10a	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
1 age 1 272	90	done during most of working life, even if retired) CANOU Stock leve Delaw	DARE U.	SA
3. C. 3. G.	13.	13. TATHER'S NAME		
PW PW		Unson Buston Short / JANA Eliza	beth Joh	NSON
O FIE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address SATALL	Hill .
18 4 18 V	(Ye	(Yes, no, or unknown) (lives give war or deles of service) 221-12-3213 (14+5 121) 1 Ashoo (sister man	Rulmud
W Tank	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	IN	ITERVAL BETWEEN
ong ong insit		PART I. DEATH WAS CAUSED BY MYDCARDIO FAILURE ACUTE	19	MIST AND DEATHS
enci e al		4422		
in political desired of the political desired		Conditions, if any, which) to Afthe 10 - Sclevete CV) with Cherok FA	love	lucar.
o s s s		gave rise to immediate ceuse		
in diameter		(e), staling the underlying cause last.		
Sam Sam Can	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(+)	
P P P P P P P P P P P P P P P P P P P	CERTIFICATION	Newe	No. of the last	YES NO VI
Sign Age	TEIC	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18	3.)	1
Me sho	CE	PRIMARY Or CONTRIBUTING CONTRIB		
but Sur	EDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or low	(County)	(State)
Pag of	AEDI	Hour a.m. While Not While fectory, streat, office bldg., etc.)		
orio		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection	Inquiry , and	in my opinion
250 g		4	nined manner	
- B - B - B - B - B - B - B - B - B - B		CHIEF MEDICAL EXAMINER		
forward I DIRE		ACTUAL M.D. ASSISTANT MEDICAL EXAMINER [- 1	DATE SIGNED
RAI gnat		DEPUTY MEDICAL EXAMINER	1-eb 15,	62
Sesign 2		NAME (Type) - RANCIS J TOWNSOND JE Address (Street, city, town, or county)	,	0 9
sase execute should be for FUNERAL its designate	220		lity, town, or country)	(State)
0 40 p		Dueigi 2-20-62 Family (Fm. BERLI)	is had.	
S. A15ME	23.	23. ELMERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 2	46. REGISTRAR'S SIGNAT	TURE
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before admission I. PLACE OF CHAPH e. COUNTY b. COUNTY B. STATE WARNING THE c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flum) b. CUY OR TOWN (is catside corporete limits, write RURAL and given parest town) c. LENGTH OF STAY IN 16 Pages d. NAME OF HOSPITAL CRITISTITUTION (if not in hospital, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? hours YES NO completely papers. 3. NAME OF ç4 DECEASED DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRT 5. SEX 7. MARRIED ANEVER MARRIED last birthday) Months and WIDOWED | DIVORCED 1 12. CITIZEN OF WHAT COUNTRY? OCCUPATION Give kind of work DE. KIND OF BUSINESS OR INDUSTRY physician U.S.A. Girdletree. please affending ARMED FORCES? 16. SOCIAL SECURITY NO. Then removal, physician. INTERVAL BETWEEN ONSET AND BEATH permit. PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (a signed burial-transit DUE TO ending Conditions, if env. which been geve rise to immediate cause DUE TO (e), steting the underlying 135 hospital or an certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISEASE CONDITION GIVEN IN PART 1(*)) 19. WAS AUTOPSY PERFORMED? NO Y prior ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH for sined by the R: After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., alc.) While Not While Hour s.m. al work et work CIOR: 1947 to 2 - 1/- , 1962, that (1) (a) last 21. I certify that (I) (this hospital) attended the deceased from...... 4, 62 19 and that death occured 30A Mom the causes and on the date stated above. P saw the deceased 22b. DATE 22. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. TO HOSPITAL
death. Page 4
TO FUNERAL
director, page 3
be filed with the 22d. ADDRESS NAME (Type) Snow Hill, Md. Robert C. LaMar, M. D. 104 Bay Street (Stete) 230 NAME OF CEMETERY OF CREMATORY 23d. KOCATION LEgy/town or county) BURIAL, CREMATION 234. DATE THEREOF 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S, SIGNATURE VR A15 (4) 15M 9/60 Orthur & Trave

MARYLAND STATE DEPARTMENT OF HEALTH

